



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

May 8, 2019

By Electronic Transmission only

Ms. Kimberly Ishwar, Administrator
Isabelle Ridgway Post Acute Care Campus LLC
1520 Hawthorne Avenue
Columbus, OH 43203-1762

**Re: Isabelle Ridgway Post Acute Care Campus LLC
Titles XVIII & XIX (Medicare & Medicaid) Certification
ODH Case Number: 18-BRO-0646
Provider Number: 366207
Survey Date: December 13, 2018**

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Dear Ms. Ishwar:

We notified Isabelle Ridgway Post Acute Care Campus LLC (Isabelle Ridgway), by letter dated December 31, 2018, as a result of the deficiencies cited during the Special Focus Facility (SFF) complaint survey of December 13, 2018, and the finding that the facility was not in substantial compliance, that pursuant to sections 1819(h) and 1919(h) of the Social Security Act, as authorized by the Centers for Medicare and Medicaid Services (CMS), we were imposing the following enforcement remedy:

- Discretionary Denial of Payment for new Medicare and Medicaid eligible admissions effective January 17, 2019.

Isabelle Ridgway alleged substantial compliance as of January 7, 2019. To verify compliance, on January 31, 2019, we completed a follow-up survey, in conjunction with a SFF Bi-Annual and complaint surveys, and on January 30, 2019, we completed an emergency preparedness survey. By letter dated February 15, 2019, we notified Isabelle Ridgway as a result of the deficiencies cited during the Bi-Annual and complaint surveys, that we were recommending to CMS that the imposed remedy remain in effect until the facility attains substantial compliance.

On February 25, 2019, we completed a SFF complaint survey and determined that Isabelle Ridgway was not in compliance. By letter dated March 7, 2019, we notified Isabelle Ridgway that we were continuing to recommend to CMS that the imposed remedy remain in effect until substantial compliance was attained.

Isabelle Ridgway alleged substantial compliance as of March 5, 2019. To verify compliance, we completed a second follow-up survey on April 10, 2019 for Health, and on April 11, 2019 for Life Safety Code. Based upon April 10, 2019 follow-up survey, we determined that Isabelle Ridgway was still not in substantial compliance with certification requirements. By letter dated April 16, 2019, we recommended to CMS to continue the previously imposed remedy and recommended to CMS to impose the following additional remedy:

- Mandatory termination of the facility's Medicare and Medicaid provider agreements effective no later than June 13, 2019.

Isabelle Ridgway alleged substantial compliance as of April 23, 2019. To verify compliance, we completed a third follow-up survey and a partial extended survey on May 1, 2019. Based upon these surveys, we determined that Isabelle Ridgway is still not in substantial compliance with certification requirements, and that substandard quality of care, as defined by 42 CFR section 488.301, exists at your facility. The deficiencies that are the basis for these determinations are set forth on the enclosed STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (FORM CMS-2567) which is incorporated into this notice by reference. The condition of substandard quality of care is identified by Data Tag F607 (S/S:F).

Also enclosed for your use is a copy of the Federal enforcement matrix that is used to determine/recommend remedies when facilities are not in substantial compliance. Letters "A" through "L" on the FORM CMS-2567 indicate which cells from the matrix apply in the selection of remedies. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Remedies (enforcement action) as a result of this survey

We are not recommending that CMS impose any additional remedies as a result of this survey. We are recommending to CMS that the imposed remedy, and recommended remedy if imposed by CMS, remain in effect until the facility achieves substantial compliance.

Plan of Correction (PoC)/Allegation of Compliance

You must submit a Plan of Correction (PoC) for each of the deficiencies listed on the FORM CMS-2567 no later than ten calendar days after you receive the FORM CMS-2567. The Plan of Correction must be submitted via the Enhanced Information Dissemination and Collection (EIDC) system.

Failure to submit an acceptable PoC within the aforementioned time frame may result in imposition of additional remedies and/or termination of certification as soon as fifteen (15) days from receipt of formal notice.

Your PoC must contain the following:

- what corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- how you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- what measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- how the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- dates when corrective action will be completed.

The PoC will serve as the facility's allegation of compliance. When we receive an acceptable PoC, **if authorized by CMS**, we will conduct another post survey revisit to verify compliance. If the revisit confirms that substantial compliance has been achieved, we will recommend that the CMS discontinue the remedies as of the date that we determine compliance was achieved.

If, upon revisit, we find that the noncompliance has become more severe, other remedies may be imposed as appropriate.

If, as a result of the survey, your facility was cited with isolated deficiencies, with the potential for causing or resulting in no more than minimal harm, you will find enclosed a form ("A" Form) setting forth these deficiencies. You are not required to submit a plan of correction for these deficiencies.

Informal Dispute Resolution

In accordance with 42 CFR section 488.331 and Ohio Administrative Code 3701-63-02, you have one opportunity to question any deficiency through an informal dispute resolution process. The severity and scope designations for deficiencies are not subject to informal dispute resolution, unless the deficiency constitutes immediate jeopardy or substandard quality of care.

To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, via the Electronic Information and Dissemination and Collection (EIDC) system.

This request must be sent during the same ten days you have for submitting your PoC for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Informal dispute resolution will be conducted first by an employee of the Department of Health (Department) who did not participate in and was not otherwise involved with the survey.

If you are not satisfied with the results of the first review, you may request in writing, within ten days of being informed of the results of the first review, a second review of any deficiency that was subject to the first review. The review will be conducted, as selected by the facility, by either a hearing officer employed by the Department or a hearing officer on a list maintained by the Department. This review does not include a face-to-face meeting or evidentiary hearing. A facility that requests a second review shall submit a non-refundable check or money order payable to "Treasurer, State of Ohio" in the amount of \$150.00 to the Ohio Department of Health, Revenue Processing IDRR, P.O. Box 15278, Columbus, Ohio 43215. In addition to the initial fee of \$150.00, the facility will be billed at the rate of \$75.00 per hour for each hour it takes the hearing officer to complete the review which shall be paid within thirty days of receipt of the invoice. If you fail to pay the amount owed within forty-five days of becoming due and payable, the Department shall certify the amount due to the attorney general pursuant to Revised Code 131.02.

If, at either review, it is determined that a deficiency should not have been cited or cited under a different requirement, or a different severity and scope should have been assigned for any deficiency constituting immediate jeopardy or substandard quality of care, all records shall be updated to reflect the final determination upon receipt of the required fees. You will receive written notification of any changes to Form CMS-2567 and any changes to the remedies recommended to the Centers for Medicare and Medicaid Services or imposed by the Department. A clean (new) copy of the Form CMS-2567 will be provided only upon your specific request.

CMS Notice

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

Nurse Aide Training and Testing

As a result of the aforementioned deficiency that constitutes substandard quality of care, Isabelle Ridgway was subject to a partial extended survey. Please be advised that pursuant to sections 1819(f) and 1919(f) of the

Social Security Act, 42 CFR section 483.151, Revised Code section 3721.31, and Ohio Administrative Code rule 3701-18-06, prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under §1819(b)(4)(C)(ii)(II) or §1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$10,697.00; has been subject to a denial of payment, the appointment of a temporary manager or termination of certification; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities, the facility will not be permitted to conduct these programs for a period of two years from the date of the extended or partial extended survey, or from the date the penalty is assessed.

If applicable, the facility will receive notice from CMS and/or the Director of Health concerning the disapproval of its TCE or CE under separate cover.

If you have any questions, please contact the Bureau of Regulatory Operations (BRO) at (614) 644-6220 or fax (614) 564-2477. If, after communication with a BRO representative, you have additional questions, you may contact Anna Olson, Ohio's CMS Principal Program Representative at (312) 353-2888 or fax (443) 380-7312.

Sincerely,

/s/

Suzanne L. Murphy, RN, Supervisor
Bureau of Regulatory Operations
SLM/lnl

Enclosure: Event ID ROW213

c: Barbara Mansfield, Reviewer, Bureau of Regulatory Operations
Eastern Region Survey Administrator, Bureau of Survey and Certification
Bureau of Long Term Services and Supports, Ohio Department of Medicaid
State Long Term Care Ombudsman
CMS, Chicago Regional Office V